

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

☐ Amended

IN THE MATTER OF THE CONDITION OF

**Statement for Involuntary
Medication or Treatment**

Name of Subject Individual

Case No. _____

Date of Birth

Date of Examination: _____

1. Will medication or treatment have therapeutic value for the subject individual? ☐ Yes ☐ No
If yes, what medication or treatment is recommended? _____

2. Will medication or treatment unreasonably impair the ability of the subject individual to prepare for or participate in subsequent legal proceedings? ☐ Yes ☐ No

Explain: _____

3. Did you explain the advantages, disadvantages, and alternatives to the recommended medication or treatment to the subject individual? ☐ Yes ☐ No

A. List the advantages explained: _____

B. List the disadvantages explained: _____

C. List the alternatives explained: _____

4. Is the subject individual incapable of expressing an understanding of the advantages, disadvantages and alternatives to accepting the recommended medication or treatment? ☐ Yes ☐ No

Explain: _____

5. Is the subject individual substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his/her condition in order to make an informed choice as to whether to accept or refuse the recommended medication or treatment? ☐ Yes ☐ No

Explain: _____

6. If you answered "Yes" to question 4 or 5, what is the cause of the subject individual's inability to express or apply an understanding: ☐ Mental Illness ☐ Drug Dependency ☐ Developmental Disability ☐ Alcoholism

Comments: _____

Examiner's Signature

☐ Psychiatrist ☐ Physician

Name Printed or Typed

Date

DISTRIBUTION:

1. Original: Court
2. Corporation Counsel
3. Subject Individual's Attorney

CONFIDENTIAL COURT RECORD